

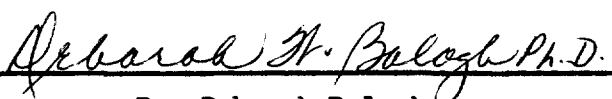
Self-Concept and Locus of Control in Relation  
to Institutional Programming Among Residents  
of Delaware County Nursing Homes

An Honors Thesis (ID 499)

By

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Abstract

As seen by previous research, many of the factors relating mental health to environment can be integral to an aged person's demonstration of a degree of social competence, his/her mental health, and his/her happiness. The present study investigated the effects of positive life experiences in relation to living situations. Subjects ranged in age from 58 to 95 and were volunteers from one of three types of residency: "retirement village," nursing home, or the community. The instruments used were the Tennessee Self Concept Scale (Total P score), the Internal-External Control Scale, and a questionnaire designed to investigate the availability of different types of programming, the individual's control or contribution to those programs, and level of participation. Demographic data regarding age, sex, and education were also collected.

One-way analysis of variance and Pearson Product-Moment Correlation were used to analyze the data. The results indicated no significant relationship between either the measures on self-concept or locus of control and questionnaire items except in the case of item 7 ("I participate in the majority of the various activities here."). Responses to this item were significantly correlated with self-concept. The hypotheses expecting community residents to have a higher self-concept and be more internal than nursing home residents and expecting high self-concept to be significantly related to an internal locus of control were not supported. However, it was found that higher self-concept significantly correlated with the degree of social participation of an individual.

Self-Concept and Locus of Control in Relation  
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The field of mental health has seen change and development in many ways. Definitions and explanations of mental health are represented by diverse approaches. Past research and theory focused on the aspects of a person's experience which were regarded as worthwhile measures of mental health and included the presence or absence of negative symptoms such as depression or anxiety. This approach, referred to as the medical model, involved a systematic investigation of symptoms and a specific diagnosis regarding the type of disruption of mental health. A variation of the symptom/disease theme emerged as the dynamic, psychoanalytic model initiated by Freud. Within this approach personality "symptoms" became the focus of attention. As a reaction to these disease-oriented approaches, attention was turned toward a more "humanistic" philosophy of mental health. This trend represented the inverse of the medical approach since the presence or absence of positive experiences such as excitement, happiness and interest-in-life were the factors considered appropriate for exploration (Ware, 1974, p. 3). The behavioral and social learning models also emerged in reaction to the medical model. These explanations of mental health were based on the influence of the environment in shaping specific patterns of behavior. As a result, mental health, or the lack of it, was viewed as a "learned" pattern of responding (Davison and Neale, 1982).

Each of these models has been applied to research in aging. An example of an application of the medical model is a study by Rappaport,

Young and Landsbert (1981) in which the impact of age on changes in part of the nervous system (non-human) was examined. Costa, McCrae and Norris (1981) explored adjustment to the aging process along dimensions of neuroticism and extraversion in an application of the dynamic model.

The social learning model proposes exploration of environmental influences on the elderly. In virtually every permutation of life situations (i.e., institutionalization, community residency, physical incapacitation) the elderly can be studied to reveal yet more information about the aging process. The present study was concerned with the effects of positive life experiences in relation to current living situation among the aged. Specifically, an attempt was made to replicate previous findings indicating a relationship between these two factors.

#### Past Research in Institutionalization of the Elderly

Gerontological studies of the effects of institutionalization on personality and mental health have taken several directions, including exploration of self-esteem, self-concept, morale, and change of daily habits (Solomon, 1979; Bonds, 1980; Kahana, Liang, and Felton, 1980). In a study comparing psychological characteristics of 26 elderly residing in a nursing home, Solomon assessed mental and physical function/disability, depressive mood, expectancy of how reinforcement is controlled (locus of control), and personal meaning in life. In his study, the aged persons in the nursing home group were found to be significantly more external in locus of control than the community group. Also, the nursing home group was found to be significantly lower on a scale measuring purpose and meaning in life. Solomon's findings suggested that nursing home residents were much more depressed on the whole than residents of the community. A study by Bonds (1980) investigated the relationship between

self-concept and locus of control and the relationship of these variables to patterns of eating, exercise and social participation in the elderly. The data were obtained not only by the investigator's observations but by interviews with the home-residing community members. High self-concept and internal locus of control were significantly correlated for 100 elderly subjects. Other data suggested that while internal locus of control was positively correlated to organizational activity, high self-concept was not. It was also found that of three types of informal social participation (inviting guests, visiting, and telephoning), telephoning was the only form that also related to high self-concept.

While the data obtained in these studies reflect what appear to be important person-environment interactions among the aged, they do not reflect the influence of specific type, variety, and number of programs within an environment. Without specific examination of the social situations in which the elderly may participate, a major area with potential for positive change is overlooked.

With these considerations in mind, several researchers have attempted to specify features of institutional programming which are related to mental health (Kahana, et al., 1980; Schulz, 1976; Rodin and Langer, 1977). In research on person-environment fit, Kahana et al. (1980) suggested that situational and environmental variables affect human behavior. In their study, morale (measured by Lawton's morale scale, 1972) was examined in efforts to predict morale in relation to the effects of individuals' and environmental characteristics. From interviews with 124 people from three nursing homes, data were collected on different dimensions of the congruence and incongruence of each person with the environment. The seven dimensions were specific elements of an overall

measure of the congruence of an individual's needs with what is presented or supplied in the environment. For example, two of the dimensions (segregation and congregation) reflect interactions between environmental "givens" and the individual's needs for solitary and group activities. The authors suggested that environments with high stimulation correlated positively with better adjusted residents. Furthermore, the study demonstrated the importance of person-environment fit along the dimensions of segregation, congregation, and impulse control. That is, an individual's morale would be expected to be largely dependent on the agreement between his/her needs for solitary and group activities and the freedom for such dichotomy in the environment.

In a similar vein, Schulz (1976) conducted a study in which the independent variable was the amount of control an elderly person had over the scheduling and length of a visitor's stay. One group had absolutely no say in when a visitor should come and leave, while other groups had some influence or complete control in scheduling visits to suit their preferences. It was found that greater control correlated positively with better scores on measures of happiness and self-concept. Likewise, Rodin and Langer (1977) explored the effect of an elderly person's control of his/her environment. In a study of two groups of institutionalized individuals, Rodin and Langer used manipulations of staff responsibility, lectures, and gifts of houseplants. The first group of subjects received a lecture from hospital administrators which emphasized the individual's responsibility for him/herself. This experimental group received houseplants for which they were to care in their own rooms. A second group was reassured by the administrator of the staff's pledge of responsibility for the well-being of patients.

This group was also given houseplants for their rooms, but was told that the hospital staff would care for the plants. Nurses' ratings, physicians' ratings, behavioral indices (such as the Tennessee Self-Concept Scale), and mortality rates were taken on the two groups months later and indicated improvement in activity, happiness, and involvement of the experimental group.

#### Purpose of the Present Study

As seen by the research previously described, many of the factors relating mental health to environment can be integral to an aged person's demonstration of a degree of social competence, his/her mental health, and his/her happiness. Past investigations indicate a positive relationship between an individual's control over his/her level of activity and happiness/self-concept. The present study involved a survey of the programs at institutions within a midwestern community, and investigated the relationship between programming factors and self-concept of the residents. The following hypotheses were made: 1) Subjects who express having more control over activities in their environments will evidence a higher self-concept and will evidence an internal locus of control; 2) Residents of the community are expected to have a higher self-concept and be more internal than nursing home residents because of their relatively greater freedom; 3) High self-concept will be significantly related to an internal locus of control; and 4) High self-concept will positively correlate with the degree of social participation of an individual.

#### Method

##### Subjects

A pool of subjects who were 58 years or older from four institutions were asked to volunteer their participation in taking the pencil and paper

measures of their attitudes and experiences. Subjects from this pool were classified as belonging to Group A or B. Group A consisted of eight subjects residing in a facility termed a "retirement village." These subjects neither needed nor received any specialized medical care at their residence. Group B was composed of 13 subjects from three nursing institutions (representing a reduced number from the initial pool of volunteers). From the elderly living independently in the community and who were affiliated with various local senior groups, Group C was derived. Ten such subjects participated; a total of 31 subjects were therefore evaluated. Demographic data was collected on all subjects. Individuals with an IQ less than 80 as measured by the Shipley-Hartford Institute of Living Scale Vocabulary were eliminated from the study. The reduction in size of Group B reflects the use of this screening method.

### Materials

The subjects were administered the following measures: Tennessee Self-Concept Scale (Fitts, 1964), Rotter Locus of Control (Rotter, 1966), and a questionnaire which was constructed to inquire about various aspects of the institutional setting in which each subject resided. Specifically, the questionnaire was designed to investigate the availability of different types of programming, the individual's control or contribution to those programs, and his/her level of participation. An alternate form of the questionnaire was designed for use with community residents. Some items on the original questionnaire were restated in an attempt to devise questions which would 1) be appropriate for the community living situation and 2) consistent with items used with nursing home patients.

### Procedures

Volunteers were solicited through the activities director of four



local institutions. During the initial visit to the facility, volunteers were read Statement A (Appendix A). Written informed consent was subsequently obtained (Appendix B). Subjects who provided informed consent were asked to complete a demographic data sheet (Appendix C used for Groups A and B, Appendix D for Group C) and the three instruments previously described (Appendix E includes the questionnaire form for Groups A and B, Appendix F includes the form for Group C). The subjects were tested in small groups (15 or less—due to the number of test booklets available and to allow adequate individual assistance when necessary), and were allowed a break in the test session. After completion, the responses were gathered, and questions answered.

### Results

#### Demographic Data

Comparisons among groups were made with respect to age and educational level. A one-way analysis of variance for unequal sample sizes (Keppel, 1973) indicated a significant difference in age,  $F(2, 28) = 6.29, p < .01$ , and in education,  $F(2, 28) = 9.936, p < .001$ . The respective mean ages, and their standard deviations in parentheses, for groups A, B, and C were: 79.13 (5.59), 78.33 (10.08), and 68.60 (3.30). The respective mean years of education, and their standard deviations for each group were: 16.25 (2.12), 11.54 (2.96), and 15.40 (2.55).

Data was also collected with regard to marital status, sex, length of stay in facility (or length of volunteer group membership), and religious affiliation. Table 1 presents the distribution of this information for all groups.

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Insert Table 1 here

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Table 1

## Demographic Data Across Groups

	Group A N = 8		Group B N = 13		Group C N = 10	
Age	75-79	62.50%	55-59	15.38%	60-64	10%
	85-89	37.50%	65-69	7.69%	65-69	60%
			70-74	15.38%	70-74	30%
			80-84	38.46%		
			85-89	7.69%		
			95-99	7.69%		
Sex	Female	100%	Male	30.77%	Male	10%
			Female	69.23%	Female	90%
Marital Status	Never Married	12.50%	Never Married	16.67%*	Separated/Divorced	10%
	Widowed	87.50%	Separated/Divorced	8.33%	Widowed	30%
			Widowed	58.33%	Married	60%
			Married	16.67%		
Education (in years)	13-16	37.50%	0-8	15.38%	9-12	20%
	17-21	62.50%	9-12	61.54%	13-16	40%
			13-16	15.38%	17-21	40%
			17-21	7.69%		
Length of Stay or Membership (in years)	1-2	12.50%	0-1	30.77%	1-4	25.00%**
	2-5	62.50%	1-2	38.46%	5-9	12.50%
	5+	25.00%	2-5	7.69%	10-14	12.50%
			5+	15.38%	20-24	12.50%
					40-44	12.50%
					45-49	25.00%
Religious Affiliation	Protestant	87.50%	Protestant	83.33%*	Protestant	60%
	None	12.50%	Catholic	16.67%	Catholic	30%
					None	10%

Note: All Ss were caucasian.

\*N = 12  
\*\*N = 8

### Personality Factors

The respective mean locus of control (Rotter, 1966) scores and their standard deviations in parentheses, for groups A, B, and C were: 7.25 (2.60), 11.46 (3.45), and 8.80 (4.42). The respective mean self-concept scores (Total P), and their standard deviations in parentheses, for groups A, B, and C were: 339.38 (23.56), 336.38 (38.81) and 350.10 (27.91). One-way analyses of variance with unequal sample sizes revealed no significant differences between groups for either of these variables. Furthermore, the Pearson Product Moment Correlation (Weinberg, 1974) between these two measures was not significant.

### Questionnaire Responses

Response frequencies for each group to each question (expressed in percentages) are presented in Table 2.

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Insert Table 2 here

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Patterns of responding to Questions 3, 5, 6, 7, 8, and 11 (all of which were related to amount of control over the environment and degree of social participation) were analyzed for group differences and for their relation to locus of control and self-concept. One way analyses of variance for unequal sample sizes revealed a between-subjects effect for Question 7 which approached significance,  $F(2, 28) = 2.95$ ,  $p < .10$ . Response to Question 7 and self-concept correlated,  $r = .37$ ,  $p < .05$ . All other analyses of variance and correlations were non-significant.

### Discussion

The present study was designed to investigate the institutionalization of the elderly in relationship to social participation and various emotional factors. Hypothesis 1 stated, "Subjects who express having more control over activities in their environments will evidence a

Table 2

## Frequency of Responses to Items of Questionnaire per Test Group

		<u>Percentage Frequency of Responses</u>						
<u>Response Number</u>		1	2	3	4	5	6	7
<u>Question #</u>	<u>Group</u>							
1	A*			12.50	12.50	37.50	37.50	
	B**	23.08		15.38			15.38	46.15
	C***			10.00		20.00	40.00	30.00
2	A	50.00		12.50	25.00			12.50
	B	38.46	15.38		15.38	15.38	7.69	7.69
	C	50.00	30.00			20.00		
3	A					12.50	25.00	62.50
	B			7.69	7.69	23.08	7.69	53.85
	C		20.00				40.00	40.00
4	A	12.50	62.50	12.50		12.50		
	B	38.46	7.69		15.38	30.77		7.69
	C	20.00	40.00	20.00	10.00		10.00	
5	A		12.50			12.50	25.00	50.00
	B		7.69	7.69	7.69	30.77	7.69	38.46
	C					10.00	50.00	40.00
6	A	12.50	50.00	12.50	12.50	12.50		
	B	15.38	15.38	23.08	23.08	7.69	7.69	7.69
	C	30.00	30.00	20.00	20.00			
7	A					37.50	50.00	12.50
	B	15.38	15.38		38.46	7.69	7.69	15.38
	C		10.00	20.00	10.00	10.00	15.38	30.00
8	A	37.50	12.50		25.00			25.00
	B		23.08	15.38	23.08	7.69	7.69	23.08
	C	10.00	40.00	20.00	10.00	10.00	10.00	

Table 2 (Continued)

		<u>Percentage Frequency of Responses</u>						
<u>Response Number</u>		1	2	3	4	5	6	7
<u>Question #</u>	<u>Group</u>							
9	A	62.50	25.00			12.50		
	B	53.85	23.08	7.69	7.69	7.69		
	C	40.00	20.00	20.00	20.00			
10	A				37.50		50.00	12.50
	B		7.69	15.38	23.08	7.69	23.08	23.08
	C		10.00			30.00	10.00	50.00
11	A	50.00	25.00				25.00	
	B	15.38	23.08	7.69	46.15		7.69	
	C	30.00	50.00		10.00	10.00		
12	A			12.50	12.50		37.50	37.50
	B		15.38		7.69	15.38		61.54
	C				20.00	10.00	30.00	40.00
13	A	50.00	12.50	12.50		12.50		
	B	30.77	7.69		15.38		15.38	23.08
	C	10.00	70.00					20.00
14	A					12.50	25.00	62.50
	B		15.38			7.69	15.38	61.54
	C				10.00	10.00	30.00	50.00

\* Group A—Residential Institution

\*\* Group B—Nursing Institutions

\*\*\*Group C—Community Residents

higher self-concept and will evidence an internal locus of control." Over all subjects, there was no significant relationship between either the measures on self-concept or locus of control and questionnaire items 3, 5, 6, 7, 8, and 11—which were intended to be indices of personal control. Two possibilities may account for these results. First, responses to these questions may not be sensitive indicators of control over the living situation. Secondly, the small sample size precluded the examination of each group with regard to this factor. Pooling the three groups may have resulted in higher error variance which may have masked a true relationship between self-concept and locus of control and responses to the questionnaire.

The second hypothesis stated, "Residents of the community are expected to have a higher self-concept and be more internal than nursing home residents because of their relatively greater freedom." One-way analyses failed to support this hypothesis, and did not confirm the results reported by Solomon (1979). In his study, Solomon found nursing home patients to be more external in locus of control. That is, these individuals regard factors of their environment as controlling life happenings. The failure of the present study to support previous findings may, again, be the result of an insufficient sample size.

Hypothesis 3 proposed "High self-concept will be significantly related to an internal locus of control." This hypothesis expects those with a relatively higher concept of their own selves as individuals to also regard internal factors and characteristics as controlling life happenings. The results of the present study failed to support the third hypothesis and failed to confirm the results reported by Bonds (1980). Although the correlation between self-concept was non-significant ( $r =$

-.267,  $df = 29$ ), the direction of the relationship was the same as was reported by Bonds ( $r = -.269$ ,  $df = 99$ ). Again, an insufficient sample size may account for the lack of results of the present study. As a result, there is not sufficient justification for challenging Bond's results.

The last hypothesis states, "High self-concept will positively correlate with the degree of social participation of an individual." Results of the present study confirmed this hypothesis. It appears that aged subjects who are more active participants in social events, regardless of living situation, evidence a higher self-concept. However, this variable was not significantly related to locus of control in the present study. These findings are in direct contrast to those reported by Bonds who found a positive relationship between internal locus of control and organizational activity but did not find a relationship between self-concept and organizational activity.

The results of the present study must be viewed cautiously for several reasons. As previously mentioned, the sample size in each group was quite small. Generalizations based on relatively few subjects are thus unwarranted. Furthermore, the subjects who participated in the present study represent a select group of aged persons—those with intact cognitive functioning and who volunteered to participate in the study. Again, these individuals cannot be assumed to represent the populations from which they were drawn. Finally, the results of the present study indicated differences in age and educational levels among groups. No attempt was made to match subjects with respect to these variables, nor to control for them in the statistical analyses. Thus, the significant results reported here may have been due to differences in demographic

factors. It appears that a large-scale investigation with an adequate sample size, and more sophisticated statistical tests is necessary before firm conclusions may be drawn.



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## Appendix A

Verbal Remarks Prior to Test Session

I am Laura Barr, a senior student at Ball State University. I have chosen to fulfill part of my requirements this year by conducting a study, that is, I will gather information and report on my findings in the area. What I wish to do is to ask you to give me information about yourselves and how you feel about things at this point of your life, living here. The reason I am asking you this is because previous research suggests that our environment can have a lot to do with our feelings. I would like to see how your feelings may be related to your environment. I want to ask you to answer some questions about you and your feelings by taking some pencil and paper exercises that will last about  $2\frac{1}{2}$  hours (including a break in the test session). Some of the forms you will be given are standard psychological tests and a couple of others are forms that pertain more closely to what I am interested in for this study. These results may very well help residents like yourselves in other places around the country.

I will not have individual scores to give to you later; this study is comparing different groups of people, not individuals.

You will notice that your answer sheets are coded with numbers. This is in order to keep your replies to the tests together while not using your name. We will keep your responses together for statistical uses, but never associated with your name.

## Appendix B

Informed Consent Sheet

I have had the purpose of this experiment explained to my satisfaction. I understand that participation in this experiment is purely voluntary and that I may discontinue my participation at any point during the experiment if I wish to do so. I also have the right to request information concerning this study. However, I understand that because of the group nature of the data I cannot and will not be given information regarding my own scores. I understand that my responses will be held in the strictest confidence and that at the conclusion of the study my responses will be destroyed. This form will not be associated with my responses.

I have read this statement of informed consent regarding a study of my feelings and my environment, which will be conducted by Laura Barr in collaboration with Dr. Deborah Balogh, both of Ball State University.

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(Signature)

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(Date)

Appendix C

COVER SHEET

Age \_\_\_\_\_

Sex \_\_\_\_\_

Prior Occupation \_\_\_\_\_

Length of Stay at this Facility \_\_\_\_\_

Physical Illness at Present Time \_\_\_\_\_

Marital Status \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Education in Years \_\_\_\_\_

Spouse' Education \_\_\_\_\_ Spouse' Occupation \_\_\_\_\_

Member of RSVP (Retired Senior Volunteer Program)? \_\_\_\_\_

Appendix D

COVER SHEET

Age \_\_\_\_\_

Sex \_\_\_\_\_

Prior Occupation \_\_\_\_\_

Length of RSVP membership (or other membership - please name) \_\_\_\_\_

Physical Illness at Present Time \_\_\_\_\_

Marital Status \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Education in Years \_\_\_\_\_

Spouse' Education \_\_\_\_\_ Spouse' Occupation \_\_\_\_\_

## Appendix E

Questionnaire

Below are several statements. Consider what your feelings are and have been since you first came here. Please indicate your response to each statement by encircling the number of your response.

Example: I read popular magazines each month.

1	2	3	4	5	6	7
Never or Almost Never True	Usually Not True	Sometimes But Infrequently True	Occasion- ally True	Often True	Usually True	Always or Almost Always True

1. The activities that I am involved in are organized and lead by the director of activities.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

2. I cannot participate in as many activities outside of this home as I would like due to administrative organization or regulations.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. I am free to initiate meetings with any particular fellow residents that I wish.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. I choose not to participate in an activity because it is the same type of activity so very often offered that I tire of it.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5. I can voice my opinions and suggestions concerning the activities.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. There will not be a response to my input of suggestions about the activities.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

7. I participate in the majority of the various activities here.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8. The length of time and time of day that a visitor will be with me cannot be changed by my input or suggestion.

1	2	3	4	5	6	7
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## Appendix E Continued

9. I am deprived of the time that I need to be by myself.

1            2            3            4            5            6            7

10. I enjoy participating in the activities in my community here.

1            2            3            4            5            6            7

11. I am not free to act on a spontaneous idea or opportunity for an activity or outing.

1            2            3            4            5            6            7

12. Overall I am satisfied with my recreational time.

1            2            3            4            5            6            7

13. Overall, I am not satisfied with the amount of personal time I have.

1            2            3            4            5            6            7

14. Overall I am satisfied with the amount of freedom I have here.

1            2            3            4            5            6            7



## Appendix F

Questionnaire

Below are several statements. Consider what your feelings are and have been recently (RSVP or Other Membership years). Please indicate your response to each statement by encircling the number of your response.

Example: I read popular magazines each month.

1	2	3	4	5	6	7
Never or	Usually	Sometimes	Occasion-	Often	Usually	Always or
Almost Never	Not	But	ally True	True	True	Almost
True	True	Infrequently				Always True
		True				

1. The activities that I am involved in are lead in an organized way.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

2. This organization places too many restrictions on the kinds of activities I may participate in.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. I am free to initiate meetings with any particular fellow members that I wish.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. I choose not to participate in an activity because it is the same type of activity so very often offered that I tire of it.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5. I can voice my opinions and suggestions concerning the activities offered for my participation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. There will not be a response to my input of suggestions about the activities offered for my participation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

7. I participate in the majority of the various activities offered for my participation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8. The length of time and time of day that a visitor will be with me cannot be changed by my input or suggestion.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

## Appendix F Continued

9. I am deprived of the time that I need to be by myself.

1            2            3            4            5            6            7

10. I enjoy participating in the activities in my community.

1            2            3            4            5            6            7

11. I am not free to act on a spontaneous idea or opportunity for an activity or outing.

1            2            3            4            5            6            7

12. Overall I am satisfied with my recreational time.

1            2            3            4            5            6            7

13. Overall I am not satisfied with the amount of personal time I have.

1            2            3            4            5            6            7

14. Overall I am satisfied with the amount of freedom I have.

1            2            3            4            5            6            7